



**New Hampshire Department of Environmental Services  
Water Division  
PRE-APPLICATION FOR THE STATE REVOLVING FUND  
Re: RSA 486:14**

Public Water System: \_\_\_\_\_ EPA#: \_\_\_\_\_  
Municipal ☐ Private ☐

Mailing Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Proposed Project(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a description of the need of the project and how it will address public health protection and compliance with the National Drinking Water Standards, quantity deficiencies, or treatment/design deficiencies which have been identified (Attach additional documentation if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ESTIMATED COST INFORMATION**

1. Estimated Construction Cost .....\$ \_\_\_\_\_
  2. 10% Construction Contingency .....\$ \_\_\_\_\_
  3. Estimated Engineering Costs .....\$ \_\_\_\_\_
  4. Estimated Land Acquisition Costs ..... \$ \_\_\_\_\_
  5. Other (please specify) \_\_\_\_\_ \$ \_\_\_\_\_
- Total Estimated Costs ..... \$ \_\_\_\_\_

Anticipated Project Start Date: \_\_\_\_\_

\_\_\_\_\_  
(signature of rep)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(date)